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Approved for use through 7/31/2005. OMB 0031-0002

PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-976

Approved for use through 7/1/2008. OMB 0531-0001
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N RECORD

PATENT APPLICATION FEE DETERMINATION RECORD
 Substitute for Form PTO-575

Substitute for Form PTO-57E

PTA/SDA (12-00)

CLAIMS AS FILED - PART 1

(Column 1)

(Column 2)

SMALL ENTRY

88

**OTHER THAN
SMALL ENTITY**

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (27 CFR 1.146(a))		
TOTAL CLAIMS (27 CFR 1.146(d))	36	
INDEPENDENT CLAIMS (27 CFR 1.146(d))	4	
MULTIPLE DEPENDENT CLAIM PRESENT.		(27 CFR 1.146(d))

RATE	FEE
NR _____	•
NR _____	•
NR _____	•
NR _____	•
TOTAL	

PAY	FEE
12.00	1.00
12.00	
12.00	
12.00	
TOTAL	

* If the difference in column 1 is less than zero, enter ∇ in column 2.

CLAIMS AS AMENDED - PART B

16 (Page 1)

(Column 2)

Column 3:

SMALL ENTITY

CR

**OTHER THAN
SMALL ENTITIES**

AMENDMENT A	(Column 1)		(Column 2)		(Column 3)
	RCR	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT COST	
	* Total of each Line - Independent of each Line	None	None		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (2 OFR LINE)					

DATE	ADDITIONAL FEE
NY 25	
NY 100	
NY 180	
TOTAL ADDL FEE	

	RATE	ADDITIONAL FEE
OR	x 50	
OR	x 300	
OR	+ 360	
OR	TOTAL ADDL FEE	

AMENDMENT #	Column 1		Column 2	Column 3
	DATE	CLASS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
11/21/66				
Total on one Line	36	None	36	
Excessible on 2nd Line	4	None	4	

FIRST PRESENTATION OF MULTIPLE DEFENDANT CLASS (27 CFR 1.106)

RATE	ADDITIONAL FEE
2.25	/
2.00	
2.00	
TOTAL	
ADDFEE	

	RATE	ADDITIONAL FEE
CR	N.S. 50	
CR	N.S. 100	
CR	N.S. 200	/
CR	TOTAL ADD. FEE	

AMENDMENT C	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	SERIAL NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total of CTR LINES			
Indemnity of CTR LINES			

FIRST PRESENTATION OF MULTIPLE DEFICIENT CLAIM OF CTR LINES

DATE	ADDITIONAL TOWNSHIP FEE
8-25	
8-100	
8-180	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
5.00	
100	
300	
TOTAL ADDITIONAL FEE	

* If the entry in column 1 is less than the entry in column 2, write "N" in column 3.
* If the "Third Number Previously Paid For" in THIS SPACE is less than 20, or
* If the "Third Number Previously Paid For" in THIS SPACE is less than 5, or
* If the "Third Number Previously Paid For" is 20 or more, and the "Third Number Previously Paid For" is 5 or more, write "N" in column 3.

[illegible]

If you need assistance in completing this form, call 1-800-PTD-8170 and ask for extension 2.